

Appendix

B.

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(Add text entry fields if desired using Forms Tools)

PROPERTY / EVIDENCE REPORT FIELD RECEIPT				CASE NO. <input type="checkbox"/> LG <input type="checkbox"/> MS <input type="checkbox"/> SUPP		<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> HEALTH HAZARD		
LOCATION STORED / LOCKER #	REPORT TYPE / CHARGES			RELATED CASES				
	LOCATION OF EVENT (STREET ADDRESS)			REPORTING	DATE	TIME		
				EVENT OCCURRED		<input type="checkbox"/> AM <input type="checkbox"/> PM		
	CITY	ST	ZIP	REPORTED / RECEIVED		<input type="checkbox"/> AM <input type="checkbox"/> PM		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> EVIDENCE</div> <div style="width: 50%;"><input type="checkbox"/> FOUND PROPERTY</div> <div style="width: 50%;"><input type="checkbox"/> DOMESTIC VIOLENCE</div> <div style="width: 50%;"><input type="checkbox"/> SEARCH WARRANT</div> <div style="width: 50%;"><input type="checkbox"/> SAFEKEEPING</div> <div style="width: 50%;"><input type="checkbox"/> CLAIM – Notify finder if not claimed within 90 days</div> <div style="width: 50%;"><input type="checkbox"/> EPRO ISSUED</div> <div style="width: 50%;"><input type="checkbox"/> DESTRUCTION PER:</div> <div style="width: 50%;"><input type="checkbox"/> LOST</div> <div style="width: 50%;"><input type="checkbox"/> NO CLAIM – Finder does not wish to claim</div> <div style="width: 50%;"><input type="checkbox"/> 5150 / 8102</div> <div style="width: 50%;"><input type="checkbox"/> Owner <input type="checkbox"/> Officer</div> </div>								
CITIZEN CODE (enter below): F = Finder V = Victim O = Owner X = Other								
CODE	NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH <input type="checkbox"/> JUV		PH-HOME		PH-WORK	
	STREET ADDRESS		CITY		ST	ZIP		
CODE	NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH <input type="checkbox"/> JUV		PH-HOME		PH-WORK	
	STREET ADDRESS		CITY		ST	ZIP		
SUSPECTS: List ALL suspects (provide full name)								
1)	NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH <input type="checkbox"/> JUV		PH-HOME		PH-WORK	
	STREET ADDRESS		CITY		ST	ZIP		
	SOCIAL SECURITY NUMBER		CEN		<input type="checkbox"/> CITED <input type="checkbox"/> NON ARREST			
2)	NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH <input type="checkbox"/> JUV		PH-HOME		PH-WORK	
	STREET ADDRESS		CITY		ST	ZIP		
	SOCIAL SECURITY NUMBER		CEN		<input type="checkbox"/> CITED <input type="checkbox"/> NON ARREST			
PROPERTY / EVIDENCE: Describe in detail (provide make, model, color, size, condition, etc.)								
ITEM #	QTY	ITEM DESCRIPTION				PROPERTY / EVIDENCE ROOM USE ONLY		
		SERIAL NUMBER				FCN		
ITEM #	QTY	ITEM DESCRIPTION				PROPERTY / EVIDENCE ROOM USE ONLY		
		SERIAL NUMBER				FCN		
ITEM #	QTY	ITEM DESCRIPTION				PROPERTY / EVIDENCE ROOM USE ONLY		
		SERIAL NUMBER				FCN		
ADDITIONAL COMMENTS / SPECIAL INSTRUCTIONS								
RECEIVING OFFICER			CITIZEN SIGNATURE			PAGE ____ OF ____		
I.D. NUMBER			DATE					

INSTRUCTIONS FOR PROPERTY RETRIEVAL

PROPERTY IS RELEASED BY APPOINTMENT ONLY

CALL PROPERTY & EVIDENCE AT **(###) ###-####** FOR AN APPOINTMENT

The property listed on the front of this sheet or attached sheets is currently in the possession of **Xxx** Department. Please review the appropriate sections (listed below) for information on how to recover your items.

WEAPONS (WELFARE & INSTITUTIONS CODE SECTIONS 5150/8102)

Weapons seized pursuant to either of these sections may be returned to the owner after 30 days unless the law enforcement agency has petitioned the court for an order for other disposition of the weapon(s). Contact the detective, after 30 days from the date of seizure, to determine if the weapon can be returned. If the **Xxx** Department has requested a court hearing regarding the weapon(s), the weapon(s) cannot be returned until the disposition of the court hearing. If the court orders the weapon(s) returned, you have 30 days to pick up the weapon(s).

SAFEKEEPING

Items submitted for temporary safekeeping must be claimed within 60 days of the Department taking possession or they will be disposed of as specified in the law. All perishable and open containers of alcohol will be destroyed at intake. You or an authorized representative will need to call to make an appointment. If items are to be released to a representative, the representative will need written authorization from the owner and photo identification before property or evidence can be released. (Civil Code Section 2080.10)

FOUND PROPERTY

Items submitted as found property will be held for 90 days. The finders wanting to claim the items need to complete a found property statement at the time the property is turned over to the Department. Finders making a claim will be notified by mail at the end of the 90-day period for pick up if no owner has come forward.

RECOVERED PROPERTY/EVIDENCE (STOLEN OR EMBEZZLED PROPERTY)

Property has been taken from you which is allegedly stolen or embezzled. Pursuant to Penal Code Section 1413, upon being served a notice of a claim of ownership from this Department, you will have 15 days, from the date of service to notify the property officer, in writing, if you wish to dispute the claim. After you have been given an opportunity to be heard on this matter, the property in question may be released to you or the person claiming to be the true owner. If criminal charges are filed, you may ask the court hearing the case to review the decision of the Department. If you choose to waive your rights, such action may not be held against you in any criminal proceeding.

EVIDENCE

Items submitted as evidence will only be released if the assigned investigator authorizes the release in writing or you present a Superior Court order ordering the release of the items. Court orders will need to be presented to the property/evidence officer along with photo identification.

WEAPONS DUE TO DOMESTIC VIOLENCE

The weapon has been held as required by law. The weapon will be made available 48 hours after the seizure or as soon thereafter as possible, but no later than 72 hours after seizure. Every person claiming ownership will be subject to a criminal background check for any firearm ownership restrictions, prior to the release of the weapon. The criminal background check may delay the release of weapons.

Property is released by appointment only

Call **(###) ###-####** to arrange for the release of your items

Department Address

Hours: 8:00 a.m. – 4:00 p.m., Monday thru Friday

Closed on Holidays and Weekends

Closed for lunch 12 noon – 1:00 p.m.

(Add text entry fields if desired using Forms Tools)

PROPERTY/EVIDENCE REPORT

(WITH BAR CODING OPTION)

RECEIVED BY		ID NUMBER		DATE		TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
CASE NUMBER		INCIDENT TYPE		<input type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> SEARCH WARRANT <input type="checkbox"/> SAFEKEEPING			
LAB NUMBER		DATE AND TIME SEIZED <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.					
OFFICER		ID NUMBER		LOCATION			
SUSPECT(S)				DATE OF BIRTH		INDICATE:	
1)						<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	
2)						<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	
3)						<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	
CODE (enter below): F = Finder V = Victim O = Owner X = Other							
CODE	NAME			DATE OF BIRTH		PHONE	
	ADDRESS		CITY			ST	ZIP
CODE	NAME			DATE OF BIRTH		PHONE	
	ADDRESS		CITY			ST	ZIP
REMARKS							

FOR PROPERTY & EVIDENCE USE ONLY

[illegible][illegible]

(Add text entry fields if desired using Forms Tools)

PROPERTY REPORT/RECEIPT

XXX DEPARTMENT

XXX DEPARTMENT				FILE NUMBER		DATE		TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
TYPE OF INCIDENT				LOCATION					
VICTIM				STREET ADDRESS					
		DATE OF BIRTH	SEX	RACE	CITY		ST	ZIP	
ARRESTEE / SUSPECT				STREET ADDRESS					
		DATE OF BIRTH	SEX	RACE	CITY		ST	ZIP	
ARRESTEE / SUSPECT				STREET ADDRESS					
		DATE OF BIRTH	SEX	RACE	CITY		ST	ZIP	
REASON PROPERTY HELD									
<input type="checkbox"/> EVIDENCE <input type="checkbox"/> LOST / FOUND (Finder to be notified: <input type="checkbox"/> Y <input type="checkbox"/> N) <input type="checkbox"/> SAFEKEEPING <input type="checkbox"/> DESTRUCTION <input type="checkbox"/> OTHER									
FINDER				STREET ADDRESS				PHONE	
		DATE OF BIRTH	SEX	RACE	CITY		ST	ZIP	
OWNER				STREET ADDRESS				PHONE	
		DATE OF BIRTH	SEX	RACE	CITY		ST	ZIP	
PROPERTY TAKEN INTO CUSTODY AT:				FROM			DATE	TIME	
BY OFFICER(S) – LAST NAME(S), FIRST NAME(S):				I.D. NUMBER		DOJ RI NUMBER		PROPERTY CLERK	
1)									
2)									
ITEM NUMBER	OWNER	DESCRIPTION OF ITEMS Enter one article per line; include serial number when available.				PROPERTY LOCATION	RELEASE DISPOSITION		
FIREARMS: In those cases where Xxx Department has confiscated a firearm(s) or other deadly weapon(s) into custody pursuant to PC 12028.5, a petition may be initiated in the Superior Court within 60 days of seizure. (An <i>ex parte</i> petition may be filed to extend the time if necessary.) In those instances where a petition is filed, the Superior Court will determine whether the firearm(s) or other deadly weapon(s) should be returned. When a petition is not filed, the Property Unit shall obtain a Department of Justice firearms clearance and an authorization for release of the weapon(s) from the assigned case agent. Under no circumstances will a weapon be released before 5 business days have passed. Upon receipt of the clearance and authorization for release, the Property Unit will notify the owner by mail to call for an appointment. Inquiries regarding the status of the potential release of weapon(s) may be directed to the Xxx Department Property Unit by calling (###) ###-####. WC 8102 mandates law enforcement personnel confiscate weapons from persons detained under the provisions of WC 5150. Pursuant to WC 8102, the health care facility must notify the detained individual of the procedure for return of the weapons. See reverse side for release instructions.									
PROPERTY RECEIVED BY (SIGNATURE)				DATE ISSUED		ISSUED BY:		I.D. NUMBER	
PERSON CLEARING PROPERTY REPORT				DATE		OWNER NOTIFIED BY		VIA	DATE TIME
ITEM NUMBER	RELEASED BY	RECEIVED BY		ADDRESS (CITY, STATE)		DATE	TIME		

Use Supplemental Sheet for additional items.

Page ___ of ___

INSTRUCTIONS FOR PROPERTY REPORT/RECEIPT

PROPERTY IS RELEASED BY APPOINTMENT ONLY
CALL XXX PROPERTY UNIT AT (###) ###-#### FOR AN APPOINTMENT

The property listed on the front of this sheet is currently under the protection of the [Xxx](#) Department. This field receipt is your guide to our procedures regarding disposal of property. It is your responsibility to contact the Property Unit as soon as possible if you wish to claim your property. Property will not be held longer than the indicated dates. Please review the appropriate direction to recover your property. If a special circumstance or need arises, please contact the Property Unit.

EVIDENCE

FELONY ARREST CASES: Evidence items will be held for a minimum of 60 days from the date of final disposition. If the owner does not claim the items at that time, they may be disposed of or destroyed in the manner prescribed by law.

MISDEMEANOR ARREST CASES: Evidence will be held for 30 days from the date of sentencing, and then items will be disposed of or destroyed in the manner prescribed by law.

IF NO ARREST HAS BEEN MADE AND/OR NO SUSPECT IDENTIFIED: Evidence items may be held up to 1 year or longer depending on the status of the case.

When evidence items are ready to be released, you will be notified by mail. It is your responsibility to notify DMV of address changes. Property will be held for 15 days from the date the notification is mailed and if unclaimed, the property will be disposed of or destroyed in the manner prescribed by law.

STOLEN OR EMBEZZLED PROPERTY

If criminal charges are filed you may ask the court that hears the case to review the decision of this department concerning return of property.

SAFEKEEPING – Civil Code 2080.10(a)

Items will be held for 60 days. If the owner is unable to retrieve the property, the owner must notify us in writing to hold the property and name an authorized person. That person will make an appointment with the Property Unit to retrieve the property. Items not claimed within 60 days will be disposed of or destroyed in the manner prescribed by law.

SEARCH WARRANT – Penal Code 1536

Penal Code 1536 requires a court order to release property held by a search warrant. A certified copy of the court order shall be submitted to front counter personnel at the [Location/Address](#). The responsible case agent has 15 days to respond to the court order and may authorize the release of property. Contact the Property Unit regarding returning of property seized by calling (###) ###-####.

FOUND PROPERTY – Civil Code 2080

Found property will be held for 90 days. If at the end of the 90 days the property is not claimed or returned to the rightful owner, the finder may claim the found property by calling (###) ###-####.

FIREARMS – Penal Code 12028.5

NOTE: Firearm seizures require separate receipts for each owner.

FIREARMS: In those cases where [Xxx](#) Department has confiscated a firearm(s) or other deadly weapon(s) into custody pursuant to Penal Code 12028.5, a petition may be initiated in the Superior Court within 60 days of seizure. (An *ex parte* petition may be filed to extend the time if necessary.) In those instances where a petition is filed pursuant to Penal Code 12028.5, the Superior Court will determine whether the firearm(s) or other deadly weapon(s) should be returned. When a petition is not filed, the Property Unit shall obtain a Department of Justice firearms clearance and an authorization for release of the weapon(s) from the assigned case agent. **Under no circumstances will a weapon be released before 5 business days have passed.** Upon receipt of the clearance and authorization for release, the Property Unit will notify the owner by mail to call for an appointment. Inquiries regarding the status of the potential release of weapon(s) may be directed to the [Xxx](#) Department Property Unit by calling (###) ###-####. Welfare and Institutions Code 8102 mandates law enforcement personnel confiscate weapons from persons detained under the provisions of Welfare and Institutions Code 5150. Pursuant to Welfare and Institutions Code 8102, the health care facility must notify the detained individual of the procedure for return of the weapons.

RECEIPT RECEIVED BY _____

DATE ISSUED _____

ISSUED BY _____

ID# _____

Property is released by appointment only
Hours: 8:00 a.m. – 4:00 p.m., Monday thru Friday

(Add text entry fields if desired using Forms Tools)

PROPERTY REPORT/RECEIPT
Supplemental Sheet

XXX DEPARTMENT

FILE NUMBER	DATE	TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
-------------	------	---------------------------------------------------------------------

DESCRIPTION OF ITEMS (continued)

ITEM NUMBER	OWNER	DESCRIPTION OF ITEMS Enter one article per line; include serial number when available.	PROPERTY LOCATION	RELEASE DISPOSITION

ITEMS RECEIVED / RELEASED (continued)

ITEM NUMBER	RELEASED BY	RECEIVED BY	ADDRESS (CITY, STATE)	DATE	TIME

PROPERTY RECEIVED BY (SIGNATURE)		DATE ISSUED	ISSUED BY:		I.D. NUMBER
PERSON CLEARING PROPERTY REPORT	DATE	OWNER NOTIFIED BY		VIA	DATE TIME

FOUND PROPERTY AFFIDAVIT

XXX DEPARTMENT

DR# _____

OPT# _____

In accordance with Sections 2080.1, 2080.2, and 2080.3, of the California Civil Code, the following information is furnished about property I found with a value of one hundred dollars (\$100) or more:
(Please print)

Name of Finder _____

Address _____

City _____ St _____ Zip _____

Contact Number (_____) _____

Where and how was the property found or saved, and describe condition:

_____Date and Time Property Was Found _____ ☐ a.m. ☐ p.m.

Name of Owner (if known) _____

Address _____

City _____ St _____ Zip _____

Contact Number (_____) _____

I certify that I have not secreted, withheld, or disposed of any part of the property. I also understand that if the owner does not appear within 90 days, I may claim the above property under the following condition:
(Check applicable box)

- ☐ If the property is valued at one hundred dollars (\$100) but not more than two hundred and fifty dollars (\$250), and no owner appears and proves ownership within 90 days, I request to be notified so that I may claim the property.
- ☐ If the property is valued at two hundred and fifty dollars (\$250) or more and no owner appears and proves ownership within 90 days, the finder shall cause a notice of the property to be published in a newspaper of general circulation. If, after 7 days, no owner appears and proves ownership to the above property, the finder may claim the property with proof of publication.
- ☐ I do not wish to claim ownership to this property.

NOTE: The California Penal Code restricts Law Enforcement from releasing found firearms to the finder.

Signature _____ Date _____

NOTICE
REGARDING FIREARM OR OTHER DEADLY WEAPON CONFISCATION
California Penal Code 12028.5

DATE _____

TO _____ DR# _____

FROM _____ OPT# _____

SUBJECT _____

DESCRIPTION OF WEAPON(S):

Pursuant to California Penal Code 12028.5, please be advised of the following:

In those cases in which a law enforcement agency has reasonable cause to believe that the return of a firearm or other deadly weapon would be likely to result in endangering the victim or the person reporting the assault or threat, the agency shall advise the owner of the firearm or other deadly weapon, and within 60 days of the date of seizure, initiate a petition in Superior Court to determine if the firearm or other deadly weapon should be returned. The law enforcement agency may make an *ex parte* application stating good cause for an order extending the time to file a petition. Including any extension of time granted in response to an *ex parte* request, a petition must be filed within 90 days of the date of seizure of the firearm or other deadly weapon.

The petition, if filed, will contain details as to how you must respond to the court clerk if you request a hearing concerning the return of your firearm or other deadly weapon, and notice that if you do not respond to any such petition, a default order forfeiting the confiscated firearm or other deadly weapon will result. The notice will be sent to you at your know address at the time of your detention or apprehension.

If this agency does not file a petition within sixty (60) days, unless good cause otherwise is shown, we are required to make a weapon available for return.

Sincerely,

Chief / Sheriff

By

Title

NOTICE
REGARDING FIREARM OR OTHER DEADLY WEAPON CONFISCATION
Welfare and Institutions Code 5150 Deadly Weapon Receipt

Pursuant to California Welfare and Institutions Code 8102, please be advised of the following:

When a person detained for examination of his or her mental condition is found to own, possess, or control a firearm or other deadly weapon, that firearm or other deadly weapon must be confiscated by the detaining law enforcement agency or peace officer, who is to keep custody of the firearm or other deadly weapon.

When following the examination of your mental condition, an individual in charge of the mental health facility where you are examined will notify the confiscating agency that you have been so released. We will have thirty (30) days following your release without further judicial commitment, unless we can show good cause otherwise, to file a petition in the Superior Court for a hearing to determine whether the return of your firearm or other deadly weapon would be likely to result in endangering you or anyone else, and we are required to send a notice to you advising you of your right to a hearing on this issue if we file that petition. The petition, if filed, will contain details as to how you must respond to the court clerk if you request a hearing concerning the return of your firearm or other deadly weapon, and notice that if you do not respond to any such petition, a default order forfeiting the confiscated firearm or other deadly weapon will result. The notice will be sent to you at your last known address at the time of your detention or apprehension.

If this agency does not file a petition within thirty (30) days of your release, unless good cause otherwise is shown, we are required to make the weapon available for return.

I received a copy of the above notice on _____, 20__ , at the time my firearm or other deadly weapon was confiscated.

Case Number

Signature of Detainee

I hereby certify that I gave a copy of the above notice to the detainee, _____, at _____ ☐ a.m. ☐ p.m. on _____, 20__, at such time as I confiscated the following firearm or other deadly weapon from _____.

Description of weapon(s):

Signature of Detaining Peace Officer

I.D. Number

Print Name

Date

☐ This box has been checked by the detaining peace officer to indicate that the detainee is unable or unwilling to sign.

Sample Letter

NOTIFICATION
Penal Code Section 1417.9

[Date]

[Addressee]

[Address]

[City, State, Zip]

RE: NAME OF CASE: Xxx
NAME OF COURT: Xxx

LAW ENFORCEMENT AGENCY NAME: Xxx

CASE NUMBER: #####

PLEASE TAKE NOTICE that, in accordance with Penal Code Section 1417.9, subdivisions (a) and (b), any biological material secured in connection with the above-entitled case will be disposed of within 30 days of _____, the date this notification was sent, unless this notifying agency received any of the following:

- I. A motion filed pursuant to Penal Code Section 1405. However, upon filing of that application, the Xxx Department will retain the material only until the time that the court's denial of the motion is final.
- II. A request under penalty of perjury that the material not be destroyed or disposed of because the declarant will file within 180 days a motion for DNA testing pursuant to Penal Code Section 1405 that is followed within 180 days by a motion for DNA testing pursuant to Penal Code Section 1405, unless a request for an extension is requested by the convicted person and agreed to by the Xxx Department.
- III. A declaration of innocent under penalty of perjury that has been filed with the court within 180 days of the judgment of conviction or July 1, 2002, whichever is later. However, the court shall permit the destruction of the evidence upon a showing that the declaration is false or there is no issue of identity that would be affected by additional testing. The convicted person may be cross-examined on the declaration at any hearing conducted under Penal Code Section 1417.9 or on an application by or on behalf of the convicted person filed pursuant to Penal Code Section 1405.
- IV. All other non-biological property taken as evidence under the above case will be disposed of _____ unless claimed by the named suspects or their designated party.

[Name]

[Title]

XXX LAW ENFORCEMENT AGENCY

XXX DEPARTMENT**PROPERTY RELEASE NOTIFICATION**

The **XXX** Department **XXX** Station/Division records indicate that we have property belonging to you which is ready for release.

Please contact our property officer _____
at **(###) ###-###** to make arrangements for release of your property. If you fail to contact our property officer within fifteen (15) working days, your property will be destroyed.

REPORT # _____ OPT # _____

— *In accordance with California Penal Code 1413* —

PROPERTY & EVIDENCE BUREAU
MEMORANDUM

EVIDENCE CORRECTION NOTICE

DATE _____

TO _____

FROM _____

CR# _____

Property/evidence submitted requires the following correction(s):

- ☐ Property report does not match with evidence/property submitted.
- ☐ No property tag.
- ☐ Property/evidence not packaged properly.
- ☐ Classification unclear.
- ☐ Lack of information on Property/Evidence Report.
- ☐ Property/Evidence Report not received.
- ☐ Other: _____

Comments:

PROPERTY & EVIDENCE BUREAU
MEMORANDUM

NOTICE TO SUPERVISOR

DATE _____

TO _____

FROM _____

SUBJECT **Notice to Correct Property/Evidence Submitted to Property & Evidence Bureau**

On _____, 20__ Officer(s) _____

_____ incorrectly submitted property/evidence on

CR#_____. The officer was advised of the problem and has not responded to correct the problem. Please advise the Officer(s) to immediately return to the Property & Evidence Bureau with this form and correct the following error(s):

- ☐ Property report does not match with evidence/property submitted.
- ☐ No property tag.
- ☐ Property/evidence not packaged properly.
- ☐ Classification unclear.
- ☐ Lack of information on Property/Evidence Report.
- ☐ Property/Evidence Report not received.
- ☐ Other: _____

Comments:

— Corrections must be made within three (3) days from the date of this Notice. —

PROPERTY RECORD
XXX DEPARTMENT

On _____, 20__ the following item(s) were taken by the Court/District Attorney's Office
or Other Agency: _____.

BY _____

TITLE _____ EMP # _____

OPT #	OPT #
OPT #	OPT #
OPT #	OPT #

If any of these items are released to the **Court, District Attorney, or Other Agency** you must have a court officer, district attorney or the other agency **sign** and date on the lines below and return this form to the Evidence Officer _____, so the proper disposition can be entered into the Property Evidence Tracking System.

RELEASED TO COURT/DISTRICT ATTORNEY'S OFFICE	RELEASED TO OTHER AGENCY
CASE NUMBER	AGENCY NAME
NAME	NAME
EMPLOYEE NUMBER	EMPLOYEE NUMBER
SIGNATURE	SIGNATURE
X	X
DATE RELEASED	DATE RETURNED

— Return this form to the Property & Evidence Officer —

PROPERTY & EVIDENCE BUREAU
MEMORANDUM**EVIDENCE NOT RETURNED FROM COURT**

DATE _____

TO _____

FROM Property & Evidence Room Supervisor

SUBJECT **Notice to Correct Property/Evidence Submitted to Property & Evidence Bureau**

Our records indicate that you checked out evidence on:

Date_____
Case Number

Attached is a copy of the evidence form that indicates which items were obtained. This evidence was checked against the current property/evidence room inventory.

As of _____, 20__ the evidence that you checked out has not been returned.

Please provide an explanation below regarding the whereabouts of this evidence.

Your response is required by _____, 20__. If you are still in possession of the evidence and the Property & Evidence Room is closed, place the evidence in a temporary locker along with this form. If you do not have the evidence, please explain and return this form to the Property & Evidence Room.

Your signature: _____

CHAIN OF CUSTODY

PROPERTY/EVIDENCE RECORD # _____

REPORT # _____

ITEM NUMBER	RECEIVED BY (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
CODE	PROPERTY & EVIDENCE EMPLOYEE (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	RETURNED BY (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	PROPERTY & EVIDENCE EMPLOYEE (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	COMMENTS				
ITEM NUMBER	RECEIVED BY (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
CODE	PROPERTY & EVIDENCE EMPLOYEE (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	RETURNED BY (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	PROPERTY & EVIDENCE EMPLOYEE (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	COMMENTS				
ITEM NUMBER	RECEIVED BY (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
CODE	PROPERTY & EVIDENCE EMPLOYEE (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	RETURNED BY (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	PROPERTY & EVIDENCE EMPLOYEE (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	COMMENTS				
ITEM NUMBER	RECEIVED BY (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
CODE	PROPERTY & EVIDENCE EMPLOYEE (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	RETURNED BY (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	PROPERTY & EVIDENCE EMPLOYEE (SIGNATURE)	I.D. NUMBER	DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	COMMENTS				

CODES:

A – Returned by legal owner

E – Coroner's Office

I – DMV

M – FBI

Q – Other

B – Taken to court

F – Destroyed

J – District Attorney

N – Secret Service

C – Asset seizure

G – Auction

K – Cnty Forensic Lab

O – City General Fund

R – Other

D – Investigation

H – Narcotics Burn

L – Identification Unit

P – Charity

CHAIN OF CUSTODY

PROPERTY/EVIDENCE RECORD # _____

REPORT # _____

ITEM NUMBER	RECEIVED BY (I.D. NUMBER AND SIGNATURE)	DATE RECEIVED	CODE	PROPERTY/EVIDENCE EMPLOYEE (I.D. NUMBER AND SIGNATURE)	RETURNED BY (I.D. NUMBER AND SIGNATURE)	DATE RETURNED	PROPERTY/EVIDENCE EMPLOYEE (I.D. NUMBER AND SIGNATURE)
		TIME <input type="checkbox"/> A <input type="checkbox"/> P				TIME <input type="checkbox"/> A <input type="checkbox"/> P	
COMMENTS							
ITEM NUMBER	RECEIVED BY (I.D. NUMBER AND SIGNATURE)	DATE RECEIVED	CODE	PROPERTY/EVIDENCE EMPLOYEE (I.D. NUMBER AND SIGNATURE)	RETURNED BY (I.D. NUMBER AND SIGNATURE)	DATE RETURNED	PROPERTY/EVIDENCE EMPLOYEE (I.D. NUMBER AND SIGNATURE)
		TIME <input type="checkbox"/> A <input type="checkbox"/> P				TIME <input type="checkbox"/> A <input type="checkbox"/> P	
COMMENTS							
ITEM NUMBER	RECEIVED BY (I.D. NUMBER AND SIGNATURE)	DATE RECEIVED	CODE	PROPERTY/EVIDENCE EMPLOYEE (I.D. NUMBER AND SIGNATURE)	RETURNED BY (I.D. NUMBER AND SIGNATURE)	DATE RETURNED	PROPERTY/EVIDENCE EMPLOYEE (I.D. NUMBER AND SIGNATURE)
		TIME <input type="checkbox"/> A <input type="checkbox"/> P				TIME <input type="checkbox"/> A <input type="checkbox"/> P	
COMMENTS							
ITEM NUMBER	RECEIVED BY (I.D. NUMBER AND SIGNATURE)	DATE RECEIVED	CODE	PROPERTY/EVIDENCE EMPLOYEE (I.D. NUMBER AND SIGNATURE)	RETURNED BY (I.D. NUMBER AND SIGNATURE)	DATE RETURNED	PROPERTY/EVIDENCE EMPLOYEE (I.D. NUMBER AND SIGNATURE)
		TIME <input type="checkbox"/> A <input type="checkbox"/> P				TIME <input type="checkbox"/> A <input type="checkbox"/> P	
COMMENTS							

CODES:

A – Returned by legal owner

D – Investigation

G – Auction

J – District Attorney

M – FBI

P – Charity

B – Taken to court

E – Coroner's Office

H – Narcotics Burn

K – County Forensic Lab

N – Secret Service

Q – _____

C – Asset seizure

F – Destroyed

I – DMV

L – Identification Unit

O – City General Fund

R – _____

(Add text entry fields if desired using Forms Tools)

CURRENCY ENVELOPE

XXX DEPARTMENT

DR #	PLACE BAR CODE LABEL HERE	
EMPLOYEE #		
CHARGE		
DATE		
CASE AGENT		CASE #
TYPE OF CRIME		OPT #
LOCATION FOUND		PROPERTY/EVIDENCE #
NAME		<input type="checkbox"/> Suspect <input type="checkbox"/> Owner <input type="checkbox"/> Victim <input type="checkbox"/> Other
TYPE OF BOOKING: <input type="checkbox"/> Search Warrant <input type="checkbox"/> Evidence <input type="checkbox"/> Found Property <input type="checkbox"/> Safekeeping <input type="checkbox"/> Do Not Deposit		
U.S. Currency		U.S. Coins
_____ x \$100 bill = \$ _____		_____ x \$1 coin = \$ _____
_____ x \$50 bill = \$ _____		_____ x 50¢ coin = \$ _____
_____ x \$20 bill = \$ _____		_____ x 25¢ coin = \$ _____
_____ x \$10 bill = \$ _____		_____ x 10¢ coin = \$ _____
_____ x \$20 bill = \$ _____		_____ x 5¢ coin = \$ _____
_____ x \$1 bill = \$ _____		_____ x 1¢ coin = \$ _____
_____ x _____ bill = \$ _____		_____ x _____ coin = \$ _____
SUBTOTAL = \$ _____		SUBTOTAL = \$ _____
GRAND TOTAL:		\$ _____

COUNTED AND SEALED BY	EMPLOYEE #	DATE	TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
EMPLOYEE VERIFYING COUNT	EMPLOYEE #	COMMENTS	
IDENTIFICATION DIVISION USE ONLY			
RECEIVED BY	EMPLOYEE #	DATE	TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
CHAIN OF CUSTODY			
FROM	TO	DATE	TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
FROM	TO	DATE	TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
FROM	TO	DATE	TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

(Add text entry fields if desired using Forms Tools)

NARCOTICS ENVELOPE

XXX DEPARTMENT

☐ EVIDENCE☐ FOUND PROPERTY☐ FOR DESTRUCTION

CASE #	CONTROL #	ITEM #
LAST NAME (PLEASE PRINT)	FIRST NAME, MI	<input type="checkbox"/> Suspect <input type="checkbox"/> Finder
CRIME STATUTE		
RECOVERED / FOUND Date: _____ Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. TOTAL PACKAGE WEIGHT	LOCATION WHERE NARCOTICS WERE RECOVERED / FOUND	
RECOVERED / FOUND BY	EMPLOYEE #	
CONTENTS		

ANALYZE FOR:☐ COCAINE☐ AMPHETAMINE☐ PCP☐ MARIJUANA☐ HEROIN☐ OTHER: _____

ENTERED AND SEALED BY	EMPLOYEE NUMBER
WITNESSED BY	EMPLOYEE NUMBER
DATE	TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

CHAIN OF CUSTODY		
FROM	TO	DATE
FROM	TO	DATE
FROM	TO	DATE
FROM	TO	DATE

(Add text entry fields if desired using Forms Tools)

PROPERTY/EVIDENCE TRANSFER FORM
XXX DEPARTMENT

CASE #	CASE ASSIGNED TO	INVESTIGATOR
DELIVERY DATE	STATUS	REASON FOR REMOVAL

ITEM NUMBER	ARTICLE	BRAND	MODEL
	SERIAL #	OTHER INFORMATION	STORAGE LOCATION

ITEM NUMBER	ARTICLE	BRAND	MODEL
	SERIAL #	OTHER INFORMATION	STORAGE LOCATION

ITEM NUMBER	ARTICLE	BRAND	MODEL
	SERIAL #	OTHER INFORMATION	STORAGE LOCATION

ITEM NUMBER	ARTICLE	BRAND	MODEL
	SERIAL #	OTHER INFORMATION	STORAGE LOCATION

ITEM NUMBER	ARTICLE	BRAND	MODEL
	SERIAL #	OTHER INFORMATION	STORAGE LOCATION

PROPERTY RECEIVED BY	EMPLOYEE #	DATE	VERIFIED BY	RELEASED BY
PROPERTY RETURNED BY	EMPLOYEE #	DATE	VERIFIED BY	RESTORED BY

If retained by court for disposition, notify **XXX** within thirty (30) days, by phone **(###) ###-####**

COURT NAME	DEPARTMENT OR DIVISION	COURT CASE #
OTHER DISPOSITION	REMARKS	

(Add text entry fields if desired using Forms Tools)

PROPERTY RELEASE AUTHORIZATION
XXX DEPARTMENT

DATE _____

TO _____

FROM Property & Evidence Room

SUBJECT **PROPERTY DISPOSITION – CASE #** _____

- ☐ We have received a disposition for the above case.
- ☐ We have received a DA reject for the above case.
- ☐ We have received an in-house reject for the above case.
- ☐ We are reviewing older/inactive cases.

The property booked by you under the above case number needs to be dispositioned by _____ [date] _____, 20____. Should you desire the property be retained, state justification for such in the area below. If the property should be disposed of or returned to the owner, fill out the back of this form specifying disposition for each item with complete owner information when applicable.

This form **MUST** be returned to the Property & Evidence Room by the above date, regardless of the disposition.

NARRATIVE: (Justification for held property)

COPIES TO: ☐ PROPERTY & EVIDENCE ROOM ☐ OTHER: _____

DATE AND TIME REPORTED <input type="checkbox"/> am <input type="checkbox"/> pm	REPORTING OFFICER	I.D. NUMBER
	APPROVED BY	I.D. NUMBER

(Add text entry fields if desired using Forms Tools)

DISPOSITION CODES

D – DISPOSE OF

H – HOLD (Must be justified on reverse)

R# – RETURN TO OWNER (Number)

ITEM NUMBER	PROPERTY DESCRIPTION	DISPOSITION CODE

OWNER INFORMATION

1) NAME	STREET ADDRESS	PHONE	
	CITY	ST	ZIP
2) NAME	STREET ADDRESS	PHONE	
	CITY	ST	ZIP
3) NAME	STREET ADDRESS	PHONE	
	CITY	ST	ZIP
4) NAME	STREET ADDRESS	PHONE	
	CITY	ST	ZIP
5) NAME	STREET ADDRESS	PHONE	
	CITY	ST	ZIP
6) NAME	STREET ADDRESS	PHONE	
	CITY	ST	ZIP

(Add text entry fields if desired using Forms Tools)

PROPERTY RECEIPT

XXX DEPARTMENT

PROPERTY TAG AND/OR CASE NUMBER

NAME OF RECIPIENT OF PROPERTY/EVIDENCE

STREET ADDRESS

PHONE

CITY

ST

ZIP

DRIVER'S LICENSE NUMBER

STATE OF ISSUE

The following property have been received from the **Xxx** Department:

WARNING! SOME OR ALL OF THE ITEMS RELEASED TO YOU MAY HAVE BEEN TREATED WITH CHEMICALS OR OTHER AGENTS THAT MY BE POISONOUS OR CONTAIN KNOWN CARCINOGENS.

☐ I HEREBY CERTIFY THAT I AM/REPRESENT THE LEGAL OWNER OF THE ABOVE PROPERTY.

☐ I HAVE NO KNOWLEDGE OF ANY OHER CHALLENGES TO THE PROPERTY/EVIDENCE.

SIGNATURE OF RECIPIENT OF PROPERTY: _____

RELEASE AUTHORIZED BY: _____

ISSUED BY: _____ DATE _____ TIME _____

☐ a.m.☐ p.m.

WITNESSED BY: _____

PROPERTY & EVIDENCE ROOM ACCESS LOG

Entry into the Property & Evidence Room is limited to official business ONLY. Entry must be documented by any person entering the room, including the purpose for the entry. Failure to comply with this order may result in disciplinary action.

DATE IN	TIME IN	NAME / I.D. NUMBER	SIGNATURE	DATE OUT	TIME OUT	REASON FOR ENTRY / CASE NUMBER	ACCOMPANIED BY
	<input type="checkbox"/> am <input type="checkbox"/> pm				<input type="checkbox"/> am <input type="checkbox"/> pm		
	<input type="checkbox"/> am <input type="checkbox"/> pm				<input type="checkbox"/> am <input type="checkbox"/> pm		
	<input type="checkbox"/> am <input type="checkbox"/> pm				<input type="checkbox"/> am <input type="checkbox"/> pm		
	<input type="checkbox"/> am <input type="checkbox"/> pm				<input type="checkbox"/> am <input type="checkbox"/> pm		
	<input type="checkbox"/> am <input type="checkbox"/> pm				<input type="checkbox"/> am <input type="checkbox"/> pm		
	<input type="checkbox"/> am <input type="checkbox"/> pm				<input type="checkbox"/> am <input type="checkbox"/> pm		
	<input type="checkbox"/> am <input type="checkbox"/> pm				<input type="checkbox"/> am <input type="checkbox"/> pm		
	<input type="checkbox"/> am <input type="checkbox"/> pm				<input type="checkbox"/> am <input type="checkbox"/> pm		
	<input type="checkbox"/> am <input type="checkbox"/> pm				<input type="checkbox"/> am <input type="checkbox"/> pm		

Log reviewed by _____

Date _____